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Application Number	10/524,507
Filing Date	September 29, 2005
First Named Inventor	Touy, Ivo Paul
Art Unit	1633
Examiner Name	Ileana Popa
Attorney Docket Number	3691-050510

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Prof.dr. H.A.P. POLS on behalf of Erasmus University Medical Center

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

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